

<b>MQ-99</b> (05-28-98)  <b>U.S. DEPARTMENT OF AGRICULTURE</b> Farm Service Agency  <b>STATEMENT OF TOBACCO PRODUCTION</b> <b>(For Lease and Transfer requests Filed Under Disaster Conditions)</b>	1. NAME OF RECEIVING COUNTY	2. STATE	
	3. DATE THIS STATEMENT OF PRODUCTION WAS FILED		
<p><b>NOTE:</b> The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a) and the Paperwork Reduction Act of 1995, as amended. The authority for requesting the following information is 7 CFR Parts 725.72 and 726.68. The information will be used to determine if below identified tobacco quota may be transferred from one farm to another in cases where crop production or yield is effected by natural disaster. Furnishing the requested information is voluntary. Failure to furnish the requested information may result in transfer of tobacco quota being denied. This information may be provided to other agencies, IRS, Department of Justice, or other State and Federal Law enforcement agencies, and in response to a court magistrate or administrative tribunal. The provisions of criminal and civil fraud statutes, including 18 USC 286, 287, 371, 641, 651, 1001; 15 USC 714m; and 31 USC 3729, may be applicable to the information provided.</p> <p>According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0560-0058. The time required to complete this information collection is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. <b>RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.</b></p>			
4. NAME OF RECEIVING FARM OPERATOR	5. FARM NUMBER	6. TYPE OF TOBACCO <input type="checkbox"/> BURLEY <input type="checkbox"/> FLUE-CURED	7. CROP YEAR
<p>I hereby certify that I have marketed _____ pounds of above identified tobacco this crop year for the above identified farm. I estimate that I have about _____ pounds of above identified tobacco yet to market from the above farm this crop year. I further estimate that I had _____ pounds of carryover tobacco from the preceding crop year.</p> <p>I understand that any substantial difference from the above figures may be cause for the County FSA Committee to cancel the transfer agreement which may be approved on the basis of information furnished in this statement.</p>			
8. SIGNATURE OF RECEIVING FARM OPERATOR			9. DATE (MM-DD-YYYY)

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